

Vision 2040 Projects/Program Review Committee Grant Check List

Date Received: _____ Contact Person _____

Name of Project: _____

Is the Application request for: Funding _____ Endorsement _____

If Funding – how much funding is requested: \$ _____

Does this Project meet the Vision 2040 expectations for fiscal management and aligned with the Vision 2040 plan and goals:			
			Points 1-5
Goal 1) Attract & Retain Newcomers to the Willmar Lakes Area	Yes	No	
Goal 2) Strengthen the Region’s Economic Diversity	Yes	No	
Goal 3) Develop and Enable more “Things to Do”	Yes	No	
Goal 4) Develop Next-Gen Leaders	Yes	No	
Does this project stand alone or is one similar already existing in community			
	Yes	No	
If similar what project and who is the Chair contact:			
Are the stakeholders engaged	Yes	No	
What/Who is the substantive support:			
Does this project require a fiscal agent	Yes	No	
If yes who is the fiscal agent:			
Is there a letter of acknowledgement from fiscal agent:	Yes	No	
Are matching funds required for this project:	Yes	No	
Does it meet grantor priorities (IS THIS THE STEERING COM	Yes	No	
Does it meet grantor requirements	Yes	No	
Does it meet grantor timeline	Yes	No	
Are there possible matching funders for the project	Yes	No	
If YES, who:			

What is the impact of the project today:

What the impact of the project long term: